SUMMARY OF SIGNFICANT FACTORS EFFECTING BUDGET INCREASE REQUESTS
FY 2004 and FY 2005

Provide a one-page summary describing the significant factors that are driving the various budget increase requests contained in your agency's budget for FY 2004 and FY 2005 (See intent language in HB 1, *Appropriations Act,* **item 4 of the 2003 General Session):**

Department: **Contact:**

Line Item/Division: **Phone Number:**

MISSION STATEMENT, GOALS/O BJECTIVES, AND RECENT ACCOMPLISHMENTS

A. Provide the department mission statement. See FY 2003 Governor's Budget Recommendations book.

B. List three or four major department goals and objectives (see sample for format).

  Sample: Provide for the efficient movement of goods and the traveling public by preserving and developing the state highway infrastructure.

  1.

  2.

  3.

  4.

C. Identify three or four of the department's recent major accomplishments (see sample).

  Sample: Developed and implemented a program to provide additional instructional resources to schools that are highly impacted by at -risk students as a result of economic conditions, ethnic and cultural differences, and limited English proficiency.

  1.

  2.

  3.

  4.

Department: **Contact:**

                                                                 Phone Number:

Form 104 - FY2005

LEGISLATIVE INTENT STATEMENTS

Identify all proposed legislative intent statements.
1. Proposed Intent Statement:

Line Item:	Please check one: (FY2004) (FY2005)

2. Proposed Intent Statement:

Line Item:	Please check one: (FY2004) (FY2005)

3. Proposed Intent Statement:

Line Item:	Please check one: (FY2004) (FY2005)

Department: **Contact:**

                                                  Phone Number:

Form 105 - FY2005

PRELIMINARY LEGISLATIVE ISSUE ANALYSIS / RECOMMENDATION	If known, list bill title and sponsor. Bill Title: Sponsor:
Please complete this form and return it to your policy analyst in the Governor's Office of Planning and Budget no later than September 29, 2003. <u>Please fill out a separate form for each piece of legislation.</u>	

Please list ALL issues that may affect your department regardless of whether or not the department is supporting the bill or there is financial impact.	Date:

Brief description:

Public policy issues and considerations:

List impacted persons/parties:

Describe fiscal impact: (Include information regarding funding source.)	Fiscal Note FY 04: $
	Fiscal Note FY 05: $

Please check ONE of the following.
I recommend the governor:
   Support this bill
   Oppose this bill
   Take no position on this bill at this time

Explain your recommendation:

Department: **Contact:**

Phone Number:

Form 210A - FY2005

STATEMENT OF PURPOSE AND JUSTIFICATION FOR NONLAPSING AUTHORITY
FY 2004 AND FY 2005 NONLAPSING REQUESTS
(Per intent language in HB 1, *Appropriations Act,* item 4 of 2003 General Session)

Purpose and justification for FY 2004 requested nonlapsing authority (list requests separately by line item):

Purpose and justification for FY 2005 requested nonlapsing authority (list requests separately by line item):

Department: **Contact:**

Line Item/Division: **Phone Number:**

Form 360 - FY2005

<div align="center">

PROGRAM DESCRIPTION

(Prepare a separate form for each program)

</div>

Describe the program, including need for the program and how the need is met. Specify statutory authority.

How does this program meet department goals and objectives? Be specific:

Provide five -year history of <u>three</u> most important measures for this program, plus projections for FY 04 and FY 05.
(Include most current value for these three measures plus all other program measures on Form 361.)

If none, describe how you will measure the level of success of the program.

Department: **Contact:**

Line Item/Division: **Phone Number:**

Program:

REQUEST FOR INCREASE IN FUNDS FOR FY 2005 BUDGET
(Prepare separate Forms 400 for each budget increase)

Description:			**Priority No.**
Program Name:	**Check One:** Ongoing ___ One-time___		**Legislation Needed?** Yes ____ No ____

What is the authority reference mandating this request (i.e. federal law, state law, court action, Governor's initiative)?

Describe how request meets "Mandatory" definition in FY 2005 budget guidelines and statute or court action mandating the program or service provided by your agency **(public health and safety requests must constitute an emergency or critical need).**

Provide a three-year history and two-year projection of the workload, caseload, or other measure for this program or service:

FY 2001 Actual:	**FY 2004 Projected Total:**
FY 2002 Actual:	**FY 2005 Projected Total:**
FY 2003 Actual:	**FY 2005 Projected % Increase:**

*What are goal(s), objective(s), and performance measure(s) that directly relate to this request; and how will they be impacted? For each measure, **attach** a five-year history plus projected measure values for FY 04 and FY 05.*

What changes in program(s), service(s), expenditure(s), fee(s), etc. will be made if this request is not funded?

*****Attach** a computation sheet that outlines how the requested amount was determined. Include the number of FTE and the payroll cost for each; additional space requirements; the types and amounts of equipment and related cost; the number of individuals served by the request and the annual service cost per individual; and similar data for all other expenses.*

Budget Increase Summary

Financing	FY 2005		Expenditures	FY 2005
General Fund			Personal Services	
School Funds			In-state Travel	
Transportation Fund			Out-of-state Travel	
Federal Funds			Current Expense	
Dedicated Credits			DP Current Expense	
Restricted Funds			DP Capital	
Transfers (specify)			Capital Outlay	
Other (specify)			Pass Thru/Other	
Beginning Balance			**Total Expenditures**	
Total Financing			**Positions:**	

Indicate any additional funding that might be required for this request in future years.

Department: **Contact:**

Line Item/Division: **Phone Number:**

Program:

Form 600 - FY2004

REQUEST FOR FUNDS FOR FY 2004 SUPPLEMENTAL
(Prepare separate Forms 600 for each budget increase)

Description:		Priority No.
Program Name:	**Check One:** ~~Ongoing~~ ___ One-time <u>X</u>	**Legislation Needed?** Yes ____ No ____

What is the authority reference mandating this request (i.e. federal law, state law, court action, Governor's initiative)?

Describe how request meets "Mandatory" definition in FY 2005 budget guidelines and statute or court action mandating the program or service provided by your agency **(public health and safety requests must constitute an emergency or critical need).**

Provide a three-year history and two-year projection of the workload, caseload, or other measure for this program or service:

FY 2001 Actual:	**FY 2004 Projected Total:**
FY 2002 Actual:	**FY 2005 Projected Total:**
FY 2003 Actual:	**FY 2005 Projected % Increase:**

*What are goal(s), objective(s), and performance measure(s) that directly relate to this request; and how will they be impacted? For each measure, **attach** a five-year history plus projected measure values for FY 03 and FY 04.*

What changes in program(s), service(s), expenditure(s), fee(s), etc. will be made if this request is not funded?

__Attach__ a computation sheet that outlines how the requested amount was determined. Include the number of FTE and the payroll cost for each; additional space requirements; the types and amounts of equipment and related cost; the number of individuals served by the request and the annual service cost per individual; and similar data for all other expenses.

Budget Increase Summary

Financing	FY 2004		Expenditures	FY 2004
General Fund			Personal Services	
School Funds			In-state Travel	
Transportation Fund			Out-of-state Travel	
Federal Funds			Current Expense	
Dedicated Credits			DP Current Expense	
Restricted Funds			DP Capital	
Transfers (specify)			Capital Outlay	
Other (specify)			Pass Thru/Other	
Beginning Balance			**Total Expenditures**	
Total Financing			**Positions:**	

Indicate any additional funding that might be required for this request in future years.

Department: **Contact:**

Line Item/Division: **Phone Number:**

Program: